

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	BY0026	
	First Named Inventor	Norikazu Ohtake, et al	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Group Art Unit		
		Examiner Name	

☐ Declaration Submitted with Initial Filing
 OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HETEROARYLOXY NITROGENOUS SATURATED HETEROCYCLIC DERIVATIVE

(Title of the Invention)

the specification of which

☐ bears the Attorney Docket Number and Title of the Invention noted above
 OR
☐ is attached hereto
 OR
☒ was filed on (MM/DD/YYYY) 06/24/2004 as United States Application Number or PCT International Application Number JP2004009272 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
2003-184879	JP	06/27/2003		<input checked="" type="checkbox"/>	<input type="checkbox"/>
JP2004009272	PCT	06/24/2004		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ Practitioners Associated with the Customer Number **000210**
OR
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number **000210**

Name					
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-	Fax	(732)594-

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Norikazu		Ohtake			
Inventor's Signature	Norikazu Ohtake			Date	11/24/2005
Residence: City	Tsukuba-shi	State	Ibaraki	Country	Japan
Citizenship	JP				
Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku				
City	Tokyo	State		ZIP	1038416
Country	JAPAN				

☐ Additional inventors are being named on the supplemental Additional Inventors(s) sheet(s) PTO/SB/02A or 02LR attached hereto.


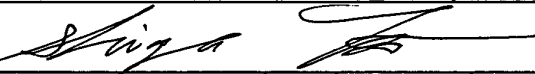

DECLARATION AND POWER OF ATTORNEY

**ADDITIONAL INVENTOR(S)
 Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Akira				Naya			
Inventor's Signature	<i>Akira Naya</i>					Date	11/24/2005
Residence: City	Tsukuba-shi	State	Ibaraki	Country	Japan	Citizenship	JP
Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Yuji				Haga			
Inventor's Signature	<i>Yuji Haga</i>					Date	11/24/2005
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Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Makoto				Jitsuoka			
Inventor's Signature	<i>Makoto Jitsuoka</i>					Date	11/25/2005
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Takuya				Suga			
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City	Tokyo	State		ZIP	1038416	Country	JAPAN

DECLARATION AND POWER OF ATTORNEY

**ADDITIONAL INVENTOR(S)
 Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ryo				Yoshimoto			
Inventor's Signature						Date	Nov. 25, 2005
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City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Shigeru				Tokita			
Inventor's Signature						Date	Nov. 25, 2005
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Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	